

Identification Verification

Applicant

NAME (PRINT)

☐ Employee ☐ Subcontractor ☐ Intern ☐ Volunteer ☐ Other

SERVICE START DATE

Insert a photocopy of one of the following:

- Driver's License
- Identification Card
- U.S. Passport

Document must be issued by a state or outlying possession of the United States, or by federal, state or local government agencies or entities (provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address).

Authorized Representative

NAME (PRINT)

TITLE

ORGANIZATION / DSHS CONTRACTOR NAME

AS AN AUTHORIZED REPRESENTATIVE, I AM:

- ☐ A manager, director, owner, or board president / chair of the DSHS Contractor.
- ☐ A designated employee of a DSHS Contractor authorized by management.
- ☐ A Notary Public currently licensed in the State of _____.
- ☐ An employee from the Office of the Deaf and Hard of Hearing.

DECLARATION

As an Authorized Representative, I am authorized to verify the true identity of the above-named applicant in the identification document(s). I have examined the original document(s) in the presence of the above-named applicant. The above document appears to be genuine and verifies the applicant's identity.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

Return to: Office of the Deaf and Hard of Hearing, PO Box 45301, Olympia WA 98504-5301.
FAX: (360) 902-0855